BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

P-5-686-C1

	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE O			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			37					RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA	Ì	BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			37 minus 20=		* <i>)</i>	7		X\$ 9=		OR	X\$18=	306
INDEPENDENT CLAIMS) / minus 3 =		· 8			X40=	-	OR	X80=	640
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2						L	TOTAL		OR	TOTAL	1650	
p	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) \ (Column 3)							SMALL ENTITY			OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 34	Minus	** 3°	7	=		X\$ 9=		OR	X\$18=	
AME	Independent	NTATION OF MI	Minus	*** /)	F CLAIM	= \		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
						•		TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)				•		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT			IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 29	Minus	 3	1	=		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF MI	Minus	***	CLAINA	=		X40=		OR	X80=	
<u> </u>	FIRST PRESE	NIATION OF MI	JLIIPLE DEF	ENDEN	CLAIM			+135=		OR	+270=	
							<u>.</u>	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· Cans	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* ×	Minus	***	T CL AIM	=		X40=		OR	X80=	
L	FIRST PRESE	INTATION OF MI	JLIIPLE DEF	PENDEN	CLAIM			+135=		OR	+270=	
**	* If the ntry in column 1 is less than the ntry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If th "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OΒ	TOTAL ADDIT. FEE	
		mber Previously Pa nber Pr_viously Pai						DDIT. FEE	ropriate box			